

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

American Hospital Association PAC

ADDRESS (number and street)

325 Seventh Street, NW

Suite 700

☐ Check if different than previously reported. (ACC)

Washington

DC

20004

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00106146

3. IS THIS REPORT

☒

NEW (N)

OR

☐

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐April 15
Quarterly Report (Q1)☐July 15
Quarterly Report (Q2)☐October 15
Quarterly Report (Q3)☐January 31
Year-End Report (YE)☐July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐Termination Report
(TER)(b) Monthly
Report
Due On:☐

Feb 20 (M2)

☒

May 20 (M5)

☐

Aug 20 (M8)

☐Nov 20 (M11)
(Non-Election
Year Only)☐

Mar 20 (M3)

☐

Jun 20 (M6)

☐

Sep 20 (M9)

☐Dec 20 (M12)
(Non-Election
Year Only)☐

Apr 20 (M4)

☐

Jul 20 (M7)

☐

Oct 20 (M10)

☐

Jan 31 (YE)

(c) 12-Day
PRE-Election
Report for the:☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of(d) 30-Day
POST-Election
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Ms. Melinda Hatton

Signature of Treasurer

Ms. Melinda Hatton

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3X

Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y 04 / 01 / 2014 To: M M / D D / Y Y Y Y Y 04 / 30 / 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y 2014		3126501.95
(b) Cash on Hand at Beginning of Reporting Period.....	3247246.66	
(c) Total Receipts (from Line 19)	180377.46	690175.94
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	3427624.12	3816677.89
7. Total Disbursements (from Line 31)	673221.81	1062275.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2754402.31	2754402.31
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

American Hospital Association PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
04		01		2014

To:

M M	/	D D	/	Y Y Y Y
04		30		2014

I. Receipts
COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

75601.88

206343.76

(ii) Unitemized

20059.92

52270.08

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

95661.80

258613.84

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

5000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

95661.80

263613.84

12. Transfers From Affiliated/Other

Party Committees.....

84450.00

425500.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

0.00

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

265.66

1062.10

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

180377.46

690175.94

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

180377.46

690175.94

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	511.67	2118.01
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	511.67	2118.01
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	99000.00	349000.00
24. Independent Expenditures (use Schedule E)	572710.14	710157.57
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	1000.00	1000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	1000.00	1000.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	673221.81	1062275.58
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	673221.81	1062275.58

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	95661.80	263613.84
34. Total Contribution Refunds (from Line 28(d))	1000.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	94661.80	262613.84
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	511.67	2118.01
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	511.67	2118.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 96
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Diane Weber

Mailing Address 155 North Wacker Drive

City State Zip Code
 Chicago IL 60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Executive Director, SHSMD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : 21671090

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Wayne A Smith

Mailing Address 1280 South Governors Avenue

City State Zip Code
 Dover DE 19904-4802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Delaware Healthcare Association

Occupation

President & CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : 21675217

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary Ellen Wells FACHE

Mailing Address 1095 Highway 15 South

City State Zip Code
 Hutchinson MN 55350-5000

FEC ID number of contributing
federal political committee.

C

Name of Employer

CentraCare Health-Monticello

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 01 / 2014

Transaction ID : 21675222

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Shelly Dunham RN

Mailing Address P O Box 489

City

Okeene

State

OK

Zip Code

73763-0489

FEC ID number of contributing
federal political committee.

C

Name of Employer

Okeene Municipal Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : 21675228

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. John Manfredo

Mailing Address 1201 Health Center Parkway

City

Yukon

State

OK

Zip Code

73099-6381

FEC ID number of contributing
federal political committee.

C

Name of Employer

Integrus Baptist Medical Center

Occupation

Director of Operations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : 21675322

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. David Phillips

Mailing Address 12451 East 100th Street North

City

Owasso

State

OK

Zip Code

74055-4600

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John Owasso

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : 21675324

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Brian K Woodliff

Mailing Address P O Box 1008

City

Tahlequah

State

OK

Zip Code

74465-1008

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tahlequah City Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 02 / 2014

Transaction ID : 21675331

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. James W Eyler FACHE

Mailing Address PO Box 7287

City

Macon

State

GA

Zip Code

31209-7287

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coliseum Center for Behavioral Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : 21676030

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Stephanie Fletcher

Mailing Address 35 Hospital Road

City

Blairsville

State

GA

Zip Code

30512-3139

FEC ID number of contributing
federal political committee.

C

Name of Employer

Union General Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 04 / 2014

Transaction ID : 21676031

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John T Fox

Mailing Address 3392 Woodhaven Road, NW

City State Zip Code
 Atlanta GA 30305-1007

FEC ID number of contributing
federal political committee.

C

Name of Employer

Emory Healthcare

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 04 / 2014

Transaction ID : 21676032

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Gerald N Fulks

Mailing Address 1022 Peninsula Drive

City State Zip Code
 Lagrange GA 30240-1028

FEC ID number of contributing
federal political committee.

C

Name of Employer

West Georgia Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 04 / 2014

Transaction ID : 21676033

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. George L Heck III

Mailing Address 1623 Club Drive

City State Zip Code
 Douglas GA 31533-7929

FEC ID number of contributing
federal political committee.

C

Name of Employer

Coffee Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 04 / 2014

Transaction ID : 21676035

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Joyce Reid

Mailing Address 1675 Terrell Mill Rd

City State Zip Code
 Marietta GA 30067-8339

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgia Hospital Association

Occupation

Health and Accountability Specialist,

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : 21676040

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms. Cindy R Turner

Mailing Address 248 Twin Lakes Road

City State Zip Code
 Nicholls GA 31554-3614

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bacon County Hospital and Health Syste

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : 21676044

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

c. Ms. Sheila Daly

Mailing Address 201 Highland Street

City State Zip Code
 Clinton MA 01510-1096

FEC ID number of contributing
federal political committee.

C

Name of Employer

Clinton Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : 21676049

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1875.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Douglas Brown

Mailing Address 1 Biotech Park

City

Worcester

State

MA

Zip Code

01605-2982

FEC ID number of contributing
federal political committee.

C

Name of Employer

UMass Memorial Health Care, Inc.

Occupation

Senior Vice President for Member Hospi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2014

Transaction ID : 21676050

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

B. Ms. Barbara J Doyle RN, MS, MH

Mailing Address 325 Speen Street #711

City

Natick

State

MA

Zip Code

01760-1567

FEC ID number of contributing
federal political committee.

C

Name of Employer

MetroWest Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2014

Transaction ID : 21676052

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

C. Mr. Bernard H. Becker MA, SPHR

Mailing Address 1500 SW Tenth Avenue

City

Topeka

State

KS

Zip Code

66604-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Vice President and Chief Human Resourc

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 04 / 2014

Transaction ID : 21676065

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Judy Corzine

Mailing Address 3621 SW Woodvalley Place

City State Zip Code
 Topeka KS 66614-3536

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Administrative Director and Chief Info

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : 21676067

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

B. Mr. Kevin Han

Mailing Address 6200 SW 34th Terr.

City State Zip Code
 Topeka KS 66614-4667

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Vice President and Chief Financial Off

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : 21676073

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Clifton C. Jones

Mailing Address 1200 SW Hodges Rd.

City State Zip Code
 Topeka KS 66615-9625

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Medical Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : 21676075

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

762.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Greg Lundstrom

Mailing Address 605 West Lincoln Street

City

Lindsborg

State

KS

Zip Code

67456-2328

FEC ID number of contributing
federal political committee.

C

Name of Employer

Kansas Hospital Association

Occupation

Director of Hospital Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 04 / 2014

Transaction ID : 21676084

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Dr. Kent Palmberg MD

Mailing Address 1216 SW Westside Drive

City

Topeka

State

KS

Zip Code

66615-1236

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Senior Vice President and Chief Medical Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 04 / 2014

Transaction ID : 21676096

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Carol Perry RN, BSN, M

Mailing Address 1500 SW Tenth Avenue

City

Topeka

State

KS

Zip Code

66604-1301

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Vice President and Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 04 / 2014

Transaction ID : 21676109

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Janet Stanek

Mailing Address 6755 SW Dancastr Road

City State Zip Code
 Topeka KS 66610-1412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Stormont-Vail HealthCare

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : 21676118

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Herb B. Kuhn

Mailing Address 5310 Saddlebrooke Lane

City State Zip Code
 Lohman MO 65053-9353

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : 21676881

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

C. Mr. Daniel R. Landon

Mailing Address 1811 Forest Park Court

City State Zip Code
 Jefferson City MO 65109-9782

FEC ID number of contributing
federal political committee.

C

Name of Employer

Missouri Hospital Association

Occupation

Sr. Vice President, Governmental Relat

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 04 / 2014

Transaction ID : 21676882

Amount of Each Receipt this Period

125.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mike Rock

Mailing Address 325 Seventh Street NW
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Sr. Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : 21678972

Amount of Each Receipt this Period

350.00

Full Name (Last, First, Middle Initial)

B. Mr. Stephen C Hanson

Mailing Address 2701 Eastpoint Parkway

City Louisville State KY Zip Code 40223-4166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : 21678977

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. David L Gray FACHE

Mailing Address 4000 Kresge Way

City Louisville State KY Zip Code 40207-4605

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health Louisville

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : 21678978

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1475.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Martha S Mather

Mailing Address 2020 Newburg Road

City

Louisville

State

KY

Zip Code

40205-1803

FEC ID number of contributing
federal political committee.

C

Name of Employer

Our Lady of Peace

Occupation

Chief Operating Officer and Vice Presi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21678979

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Paul A. Salles

Mailing Address 2450 Severn Avenue, Suite 210

City

Metairie

State

LA

Zip Code

70001-6942

FEC ID number of contributing
federal political committee.

C

Name of Employer

Louisiana Hospital Association

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21679075

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

c. Mr. Sean M. Prados FACHE

Mailing Address 9521 Brookline Avenue

City

Baton Rouge

State

LA

Zip Code

70809-8409

FEC ID number of contributing
federal political committee.

C

Name of Employer

Louisiana Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21679076

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John J Finan Jr FACHE

Mailing Address 4200 Essen Lane

City

Baton Rouge

State

LA

Zip Code

70809-2196

FEC ID number of contributing
federal political committee.

C

Name of Employer

Franciscan Missionaries of Our Lady He

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 21679077

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Ms. Teri G Fontenot FACHE

Mailing Address P O Box 95009

City

Baton Rouge

State

LA

Zip Code

70895-9009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Woman's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 21679078

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. Louis H Bremer Jr

Mailing Address P O Box 1901

City

Monroe

State

LA

Zip Code

71210-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Francis Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 21679079

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2500.00

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Mark E Marley FACHE

Mailing Address P O Box 2009

City

Natchitoches

State

LA

Zip Code

71457-2009

FEC ID number of contributing
federal political committee.

C

Name of Employer

Opelousas General Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	4

Transaction ID : 21679080

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. Steve Worley

Mailing Address 200 Henry Clay Avenue

City

New Orleans

State

LA

Zip Code

70118-5798

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	4

Transaction ID : 21679081

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

c. Mr. Clifford M Broussard FACHE

Mailing Address 2400 Hospital Drive

City

Bossier City

State

LA

Zip Code

71111-2385

FEC ID number of contributing
federal political committee.

C

Name of Employer

WK Bossier Health Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	7		2	0	1	4

Transaction ID : 21679082

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

2000.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Larry M Graham FACHE

Mailing Address 1701 Oak Park Boulevard

City

Lake Charles

State

LA

Zip Code

70601-8911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Charles Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 21679083

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mrs. Cindy J Rogers FACHE

Mailing Address 3421 Medical Park Drive

City

Monroe

State

LA

Zip Code

71203-2355

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Francis North Hospital

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 21679084

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. K Scott Wester FACHE

Mailing Address 5000 Hennessy Boulevard

City

Baton Rouge

State

LA

Zip Code

70808-4375

FEC ID number of contributing
federal political committee.

C

Name of Employer

Our Lady of the Lake Regional Medical

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 21679089

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. William F Barrow II

Mailing Address 611 Saint Landry St

City
Lafayette

State
LA

Zip Code
70506-4627

FEC ID number of contributing
federal political committee.

C

Name of Employer

Our Lady of Lourdes Regional Medical C

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21679090

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Todd Delahoussaye MBA

Mailing Address 1701 Oak Park Boulevard

City

Lake Charles

State

LA

Zip Code

70601-8911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Charles Memorial Hospital

Occupation

Sr. VP, Specialty & Physician Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21679091

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark S. Muller

Mailing Address 1514 Jefferson Highway

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Ochsner Health System

Occupation

System VP, Strategy & Business Develop

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21679092

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Parker A Templeton FACHE

Mailing Address 1514 Jefferson Highway

City

New Orleans

State

LA

Zip Code

70121-2429

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iberia Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21679093

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Bernita Lloyd-Brown

Mailing Address 1701 Oak Park Boulevard

City

Lake Charles

State

LA

Zip Code

70601-8911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Charles Memorial Hospital

Occupation

VP Support Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21679103

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

C. Ms. Marilyn McSwain RNC, MSN

Mailing Address 1900 West Gauthier Road

City

Lake Charles

State

LA

Zip Code

70605-7170

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Charles Memorial Hospital for Wom

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21679104

Amount of Each Receipt this Period

225.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

700.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Kevin Mocklin MD

Mailing Address 1701 Oak Park Boulevard

City

Lake Charles

State

LA

Zip Code

70601-8911

FEC ID number of contributing
federal political committee.

C

Name of Employer

Lake Charles Memorial Hospital

Occupation

Director Medical Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : 21679105

Amount of Each Receipt this Period

225.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael Winthrop

Mailing Address P O Box 8004

City

Bellevue

State

OH

Zip Code

44811-8004

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bellevue Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : 21680160

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Scott C Malaney

Mailing Address 1900 South Main Street

City

Findlay

State

OH

Zip Code

45840-1214

FEC ID number of contributing
federal political committee.

C

Name of Employer

Blanchard Valley Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : 21680161

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

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975.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Olas A Hubbs III FACHE

Mailing Address 17800 Willow Wood Dr

City

Marysville

State

OH

Zip Code

43040-5512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Memorial Hospital of Union County

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21680166

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

B. Mr. Thomas Parker

Mailing Address 3130 North County Road 25A

City

Troy

State

OH

Zip Code

45373-1337

FEC ID number of contributing
federal political committee.

C

Name of Employer

Upper Valley Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21680168

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Daniel L Wakeman

Mailing Address 5901 Monclova Road

City

Maumee

State

OH

Zip Code

43537-1841

FEC ID number of contributing
federal political committee.

C

Name of Employer

ProMedica St. Luke's Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21680169

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Raymond M Chorey

Mailing Address P O Box 610

City

Cambridge

State

OH

Zip Code

43725-0610

FEC ID number of contributing
federal political committee.

C

Name of Employer

Southeastern Ohio Regional Medical Cen

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21680170

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Patricia DePompei

Mailing Address 2074 Abington Road

City

Cleveland

State

OH

Zip Code

44106

FEC ID number of contributing
federal political committee.

C

Name of Employer

Rainbow Babies and Children's Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21680171

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Andrea R. Price , FACHE

Mailing Address 5644 Golden Pond Ln

City

Sylvania

State

OH

Zip Code

43560-9555

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy - Northern Region

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21680173

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael Abrams

Mailing Address 155 East Broad Street

City State Zip Code
Columbus OH 43215-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 21680174

Amount of Each Receipt this Period

1500.00

Full Name (Last, First, Middle Initial)

B. Mr. Ryan Biles

Mailing Address 1503 Runaway Bay Drive
Suite 1B

City State Zip Code
Columbus OH 43204-4814

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Director, Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 21680197

Amount of Each Receipt this Period

625.00

Full Name (Last, First, Middle Initial)

C. Mr. Charles Cataline

Mailing Address 111 E. Frankfort St.

City State Zip Code
Columbus OH 43206-2011

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Director, Health Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 21680198

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Robert Falcone M.D.

Mailing Address 111 South Grant Avenue

City State Zip Code
Columbus OH 43215-1898

FEC ID number of contributing
federal political committee.

C

Name of Employer
OhioHealth Grant Medical Center

Occupation
President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : 21680200

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Eric James

Mailing Address 124 Fallis Rd

City State Zip Code
Columbus OH 43214-3771

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Chief Information Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : 21680202

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Sean McGlone

Mailing Address 155 East Broad Street

City State Zip Code
Columbus OH 43215-3609

FEC ID number of contributing
federal political committee.

C

Name of Employer
Ohio Hospital Association

Occupation
Senior Vice President, General Counsel

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

625.00

Date of Receipt

MM / DD / YYYY
04 / 07 / 2014

Transaction ID : 21680204

Amount of Each Receipt this Period

625.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1125.00

SCHEDULE A (FEC Form 3X)
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for each category of the
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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. James R Pancoast

Mailing Address 40 West Fourth Street

City	State	Zip Code
Dayton	OH	45402-1840

FEC ID number of contributing
federal political committee.

C

Name of Employer

Premier Health Partners

Occupation

President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2014

Transaction ID : 21680214

Amount of Each Receipt this Period

1250.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert W Shroder

Mailing Address 9325 Bay Hill Drive NE

City	State	Zip Code
Warren	OH	44484-6705

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Joseph Health Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	07	/	2014

Transaction ID : 21680215

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. Linda S Quick

Mailing Address 6030 Hollywood Boulevard, Suite 14

City	State	Zip Code
Hollywood	FL	33024-7923

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Florida Hospital and Healthcare

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	08	/	2014

Transaction ID : 21680589

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

2100.00

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

318.50

Date of Receipt

04 / 08 / 2014

Transaction ID : 21680591

Amount of Each Receipt this Period

45.50

Full Name (Last, First, Middle Initial)

B. Mr. Alvin Hoover FACHE

Mailing Address P O Box 948

City

Brookhaven

State

MS

Zip Code

39602-0948

FEC ID number of contributing
federal political committee.

C

Name of Employer

King's Daughters Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21680597

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. David G Putt FACHE

Mailing Address 2500 North State Street

City

Jackson

State

MS

Zip Code

39216-4500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Grenada Lake Medical Center

Occupation

Interim Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21680599

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

545.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Timothy H. Moore

Mailing Address 830 South Gloster Street

City

Tupelo

State

MS

Zip Code

38801-4934

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mississippi Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21680613

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. G Douglas Higginbotham

Mailing Address P O Box 607

City

Laurel

State

MS

Zip Code

39441-0607

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Central Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21680614

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Ms. JoAnn Birdzell

Mailing Address 12431 Van Buren Street

City

Crown Point

State

IN

Zip Code

46307-9210

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Catherine Hospital

Occupation

Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 07 / 2014

Transaction ID : 21680615

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Janice Ryba

Mailing Address 1437 Wellington Terrace

City

Munster

State

IN

Zip Code

46321-4367

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Mary Medical Center (Hobart)

Occupation

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 21680619

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Linda E White

Mailing Address 5505 Timberlake Court

City

Evansville

State

IN

Zip Code

47710-4134

FEC ID number of contributing
federal political committee.

C

Name of Employer

Deaconess Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 07 / 2014

Transaction ID : 21680620

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Craig J Broman MHA, FACHE

Mailing Address 1406 Sixth Avenue North

City

Saint Cloud

State

MN

Zip Code

56303-1901

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Cloud Hospital

Occupation

President

Receipt For:

☐ Primary
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 09 / 2014

Transaction ID : 21681587

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David L Archer

Mailing Address P O Box 171808

City

Memphis

State

TN

Zip Code

38187-1808

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Francis Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 21681924

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

B. Mr. Craig A Becker

Mailing Address 5201 Virginia Way

City

Brentwood

State

TN

Zip Code

37027-7540

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tennessee Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 21681925

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. Ms. Angela Becker

Mailing Address 9616 Brunswick Dr

City

Brentwood

State

TN

Zip Code

37027-8467

FEC ID number of contributing
federal political committee.

C

Name of Employer

N/A

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

04 / 10 / 2014

Transaction ID : 21681926

Amount of Each Receipt this Period

800.00

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2400.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas H Gee

Mailing Address P O Box 1030

City

Paris

State

TN

Zip Code

38242-1030

FEC ID number of contributing
federal political committee.

C

Name of Employer

Henry County Medical Center

Occupation

Administrator

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2014

Transaction ID : 21681927

Amount of Each Receipt this Period

400.00

Full Name (Last, First, Middle Initial)

B. Dr. Michael H Schatzlein , M.D.

Mailing Address 102 Woodmont Blvd
Suite 800

City

Nashville

State

TN

Zip Code

37205-2221

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Thomas West Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2014

Transaction ID : 21681928

Amount of Each Receipt this Period

800.00

Full Name (Last, First, Middle Initial)

C. Mr. Alan Watson

Mailing Address 1224 Trotwood Avenue

City

Columbia

State

TN

Zip Code

38401-4802

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maury Regional Hospital

Occupation

Vice President Affiliate and Outpatient

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 10 / 2014

Transaction ID : 21681930

Amount of Each Receipt this Period

280.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1480.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Carmela Coyle

Mailing Address 6820 Deerpath Road

City State Zip Code
 Elkridge MD 21075-6200

FEC ID number of contributing
federal political committee.

C

Name of Employer

Maryland Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

510.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2014

Transaction ID : 21685420

Amount of Each Receipt this Period

510.00

Full Name (Last, First, Middle Initial)

B. Mr. John Gardner

Mailing Address 1000 West 8th Avenue

City State Zip Code
 Yuma CO 80759-2641

FEC ID number of contributing
federal political committee.

C

Name of Employer

Yuma District Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2014

Transaction ID : 21685570

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mr. Steven J Summer

Mailing Address 7335 East Orchard Rd, Ste 100

City State Zip Code
 Greenwood Village CO 80111-2512

FEC ID number of contributing
federal political committee.

C

Name of Employer

Colorado Hospital Association

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 11 / 2014

Transaction ID : 21685571

Amount of Each Receipt this Period

500.00

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1510.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms Patty Crowley

Mailing Address Five New England Executive Park

City State Zip Code
Burlington MA 01803-5010

FEC ID number of contributing
federal political committee.

C

Name of Employer

Massachusetts Hospital Association

Occupation

Vice President, Governance & Member Re

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 11 / 2014

Transaction ID : 21686721

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Michael Hein MD, MS, FA

Mailing Address 1530 Warbler Cir

City State Zip Code
Grand Island NE 68803-3933

FEC ID number of contributing
federal political committee.

C

Name of Employer

Saint Francis Medical Center

Occupation

Vice President Medical Affairs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2014

Transaction ID : 21691822

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Harold Krueger Jr

Mailing Address 525 Main St

City State Zip Code
Chadron NE 69337-2546

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chadron Community Hospital and Health

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 14 / 2014

Transaction ID : 21691823

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

750.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Kimberly Russel FACHE

Mailing Address 4031 Thorn Ct

City
Lincoln

State
NE

Zip Code
68520-9321

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bryan Health

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 14 / 2014

Transaction ID : 21691825

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. John A Miller Jr FACHE

Mailing Address 1 Spring Back Way

City
Anderson

State
SC

Zip Code
29621-2676

FEC ID number of contributing
federal political committee.

C

Name of Employer

AnMed Health Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 14 / 2014

Transaction ID : 21691835

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Mr. Richard Kirk Toomey DHA, FACHE

Mailing Address 955 Ribaut Road

City
Beaufort

State
SC

Zip Code
29902-5441

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beaufort Memorial Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 14 / 2014

Transaction ID : 21691836

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Bruce P Bailey

Mailing Address 606 Black River Rd

City

Georgetown

State

SC

Zip Code

29440-3304

FEC ID number of contributing
federal political committee.

C

Name of Employer

Georgetown Hospital System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 14 / 2014

Transaction ID : 21691837

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Mark T O'Neil Jr

Mailing Address 25 Hospital Center Boulevard

City

Hilton Head Island

State

SC

Zip Code

29926-2738

FEC ID number of contributing
federal political committee.

C

Name of Employer

Hilton Head Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 14 / 2014

Transaction ID : 21691838

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mr. Richard E D'Alberto FACHE

Mailing Address P O Box 976

City

Clinton

State

SC

Zip Code

29325-0976

FEC ID number of contributing
federal political committee.

C

Name of Employer

Greenville Health System - Laurens Cou

Occupation

Campus President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 14 / 2014

Transaction ID : 21691839

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John J Singerling III FACHE

Mailing Address P O Box 2266

City
Columbia

State
SC

Zip Code
29202-2266

FEC ID number of contributing
federal political committee.

C

Name of Employer

Palmetto Health

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 14 / 2014

Transaction ID : 21691850

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Ms. Janice Dabney

Mailing Address 800 West Meeting Street

City
Lancaster

State
SC

Zip Code
29720-2298

FEC ID number of contributing
federal political committee.

C

Name of Employer

Springs Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 14 / 2014

Transaction ID : 21691852

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Fred L. Brown FACHE

Mailing Address 724 Forest Highlands

City
Flagstaff

State
AZ

Zip Code
86001-8453

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Arizona Healthcare

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 14 / 2014

Transaction ID : 21696077

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Fred L. Brown FACHE

Mailing Address 724 Forest Highlands

City

State

Zip Code

Flagstaff

AZ

86001-8453

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Arizona Healthcare

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

04 / 14 / 2014

Transaction ID : 21696078

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Ms Karen Perdue

Mailing Address 1049 West Fifth Avenue Suite 100

City

State

Zip Code

Anchorage

AK

99501-1965

FEC ID number of contributing
federal political committee.

C

Name of Employer

Alaska State Hospital and Nursing Home

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 15 / 2014

Transaction ID : 21696481

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael K Powers FACHE

Mailing Address 1650 Cowles Street

City

State

Zip Code

Fairbanks

AK

99701-5998

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fairbanks Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 15 / 2014

Transaction ID : 21696482

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rachael S. Wong

Mailing Address 707 Richards Street, PH2

City

Honolulu

State

HI

Zip Code

96813-4613

FEC ID number of contributing
federal political committee.

C

Name of Employer

Healthcare Association of Hawaii

Occupation

Vice President and COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 15 / 2014

Transaction ID : 21696483

Amount of Each Receipt this Period

125.00

Full Name (Last, First, Middle Initial)

B. Ms. Kathryn A Raethel RN, MPH, M

Mailing Address 1282 Aupupu Place

City

Kailua

State

HI

Zip Code

96734-4157

FEC ID number of contributing
federal political committee.

C

Name of Employer

Castle Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 15 / 2014

Transaction ID : 21696484

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Mr. J. Paul Conway

Mailing Address 44010 Deep Hollow Circle

City

Northville

State

MI

Zip Code

48168-8412

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oakwood Healthcare, Inc.

Occupation

Sr. Vice President - Human Resources

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 15 / 2014

Transaction ID : 21696799

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1475.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Charles D Kohlruss

Mailing Address 602 Michigan Avenue

City

Holland

State

MI

Zip Code

49423-4918

FEC ID number of contributing
federal political committee.

C

Name of Employer

Holland Hospital

Occupation

VP, HR & Operations Support

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

04 / 15 / 2014

Transaction ID : 21696811

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. Mr. Jim Lee

Mailing Address 803 Greenwich Drive

City

Grand Ledge

State

MI

Zip Code

48837-2411

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Vice President, Data Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

280.00

Date of Receipt

04 / 15 / 2014

Transaction ID : 21696815

Amount of Each Receipt this Period

280.00

Full Name (Last, First, Middle Initial)

c. Mr. Greg Loomis

Mailing Address 2810 Memorial Drive

City

Muskegon

State

MI

Zip Code

49445-2271

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mercy Health, Mercy Campus

Occupation

President and Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

04 / 15 / 2014

Transaction ID : 21696823

Amount of Each Receipt this Period

525.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1015.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Nancy McKeague

Mailing Address 627 N Harrison

City

East Lansing

State

MI

Zip Code

48823-3017

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Senior Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 21696825

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

B. Ms. Barbara Medvec

Mailing Address 5686 Briar Glen

City

Saline

State

MI

Zip Code

48176-9537

FEC ID number of contributing
federal political committee.

C

Name of Employer

Oakwood Healthcare, Inc.

Occupation

Chief Nursing Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 21696826

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

C. Mr. Mark Pawlak

Mailing Address 8953 N Clearwater Drive

City

Zeeland

State

MI

Zip Code

49464-9227

FEC ID number of contributing
federal political committee.

C

Name of Employer

Holland Hospital

Occupation

VP Quality & Ancillary Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y
04 / 15 / 2014

Transaction ID : 21696831

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

997.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Seaman

Mailing Address 805 Ledge Moor Blvd.

City

Grand Ledge

State

MI

Zip Code

48837-2037

FEC ID number of contributing
federal political committee.

C

Name of Employer

Michigan Health & Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

525.00

Date of Receipt

04 / 15 / 2014

Transaction ID : 21696832

Amount of Each Receipt this Period

525.00

Full Name (Last, First, Middle Initial)

B. Mr. Dale Sowders

Mailing Address 16891 Eagle Lake Drive

City

Holland

State

MI

Zip Code

49424-6092

FEC ID number of contributing
federal political committee.

C

Name of Employer

Holland Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

04 / 15 / 2014

Transaction ID : 21696841

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

C. Mr. Terry L Steele

Mailing Address 391 Troon Court

City

Holland

State

MI

Zip Code

49423-8830

FEC ID number of contributing
federal political committee.

C

Name of Employer

Holland Hospital

Occupation

Vice President Finance and Chief Finan

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

04 / 15 / 2014

Transaction ID : 21696842

Amount of Each Receipt this Period

210.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

945.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mrs. Patti VanDort

Mailing Address 2629 Florial Drive

City

Zeeland

State

MI

Zip Code

49464-9107

FEC ID number of contributing
federal political committee.

C

Name of Employer

Holland Hospital

Occupation

Vice President Nursing/Chief Nursing O

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

04 / 15 / 2014

Transaction ID : 21696845

Amount of Each Receipt this Period

210.00

Full Name (Last, First, Middle Initial)

B. Mr. Don Adams

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

Vice President, Rural & Mental Health

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

04 / 17 / 2014

Transaction ID : 21697633

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Ms. Tina Creel

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

04 / 17 / 2014

Transaction ID : 21697634

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

860.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul Cunningham

Mailing Address 419 Natural Resources Drive

City State Zip Code
 Little Rock AR 72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : 21697635

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Ms. Beth Ingram

Mailing Address 419 Natural Resources Drive

City State Zip Code
 Little Rock AR 72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

VP, Educational & Membership Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : 21697636

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Mr. Rex Jones

Mailing Address 404 South Bradley Street

City State Zip Code
 Warren AR 71671-3459

FEC ID number of contributing
federal political committee.

C

Name of Employer

Bradley County Medical Center

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : 21697665

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

877.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Vincent Leist

Mailing Address 620 North Main Street

City

Harrison

State

AR

Zip Code

72601-2911

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Arkansas Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

04 / 17 / 2014

Transaction ID : 21697666

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

B. Ms Debbie Love

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

Director of Financial Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

04 / 17 / 2014

Transaction ID : 21697667

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Mr. Mark Lowman

Mailing Address 9601 Interstate 630, Exit 7

City

Little Rock

State

AR

Zip Code

72205-7299

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baptist Health

Occupation

Vice President Strategic Development

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

04 / 17 / 2014

Transaction ID : 21697668

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

780.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jason Miller

Mailing Address 21 Bridgeway Road

City

North Little Rock

State

AR

Zip Code

72113-9514

FEC ID number of contributing
federal political committee.

C

Name of Employer

BridgeWay, The

Occupation

Interim Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

04 / 17 / 2014

Transaction ID : 21697669

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

B. Mr. Raymond W Montgomery II FACHE

Mailing Address 3214 East Race Avenue

City

Searcy

State

AR

Zip Code

72143-4810

FEC ID number of contributing
federal political committee.

C

Name of Employer

White County Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

04 / 17 / 2014

Transaction ID : 21697670

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

C. Mr. Michael Scott Peek

Mailing Address P O Box 639

City

Danville

State

AR

Zip Code

72833-0639

FEC ID number of contributing
federal political committee.

C

Name of Employer

Chambers Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

04 / 17 / 2014

Transaction ID : 21697671

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

780.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ron Peterson FACHE

Mailing Address 624 Hospital Drive

City

Mountain Home

State

AR

Zip Code

72653-2955

FEC ID number of contributing
federal political committee.

C

Name of Employer

Baxter Regional Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

04 / 17 / 2014

Transaction ID : 21697672

Amount of Each Receipt this Period

325.00

Full Name (Last, First, Middle Initial)

B. Mr. Robert Rupp

Mailing Address 1205 McLain Street

City

Newport

State

AR

Zip Code

72112-3533

FEC ID number of contributing
federal political committee.

C

Name of Employer

Harris Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

04 / 17 / 2014

Transaction ID : 21697673

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

C. Mr. Robert Ryall

Mailing Address 419 Natural Resources Drive

City

Little Rock

State

AR

Zip Code

72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

04 / 17 / 2014

Transaction ID : 21697674

Amount of Each Receipt this Period

650.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1202.50

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Rosi Smith

Mailing Address 1 Children's Way

City State Zip Code
 Little Rock AR 72202-3500

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Children's Hospital

Occupation

Director of Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : 21697679

Amount of Each Receipt this Period

227.50

Full Name (Last, First, Middle Initial)

B. Ms. Jodiane Tritt

Mailing Address 419 Natural Resources Drive

City State Zip Code
 Little Rock AR 72205-1576

FEC ID number of contributing
federal political committee.

C

Name of Employer

Arkansas Hospital Association

Occupation

Vice President, Government Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : 21697680

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

C. Ms. Barbara Williams

Mailing Address 13612 Rivercrest Drive

City State Zip Code
 Little Rock AR 72212-1460

FEC ID number of contributing
federal political committee.

C

Name of Employer

Conway Regional Medical Center

Occupation

Board Member

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

227.50

Date of Receipt

M M / D D / Y Y Y Y Y
 04 / 17 / 2014

Transaction ID : 21697681

Amount of Each Receipt this Period

227.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1105.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Craig Williams

Mailing Address 5 Wharton Park

City

Wakefield

State

MA

Zip Code

01880-2023

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tufts Medical Center

Occupation

Senior Vice President & COO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 21 / 2014

Transaction ID : 21702561

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Ms. Deborah C Joelson

Mailing Address 750 Washington Street #451

City

Boston

State

MA

Zip Code

02111-1526

FEC ID number of contributing
federal political committee.

C

Name of Employer

Tufts Medical Center

Occupation

SVP, Strategic Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 21 / 2014

Transaction ID : 21702562

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

c. Mr. Stephen M. Ahnen

Mailing Address 125 Airport Road

City

Concord

State

NH

Zip Code

03301-7300

FEC ID number of contributing
federal political committee.

C

Name of Employer

New Hampshire Hospital Association

Occupation

President and CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

364.00

Date of Receipt

04 / 21 / 2014

Transaction ID : 21702563

Amount of Each Receipt this Period

45.50

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

545.50

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ITEMIZED RECEIPTS

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<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard H Aubut MBA, RN

Mailing Address 55 Fogg Road

City

South Weymouth

State

MA

Zip Code

02190-2432

FEC ID number of contributing
federal political committee.

C

Name of Employer

South Shore Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	18	/	2014

Transaction ID : 21702572

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Ms. Mary Elizabeth CanningMailing Address 3 Lewsi St.
Apt. 4

City

Winchester

State

MA

Zip Code

01890

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Hospital

Occupation

Vice President, Foundation

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

375.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	18	/	2014

Transaction ID : 21702575

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

C. Ms. Jeanette G Clough

Mailing Address 330 Mount Auburn Street

City

Cambridge

State

MA

Zip Code

02138-5502

FEC ID number of contributing
federal political committee.

C

Name of Employer

Mount Auburn Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

750.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04	/	18	/	2014

Transaction ID : 21702582

Amount of Each Receipt this Period

750.00

SUBTOTAL of Receipts This Page (optional)..... ►

1500.00

TOTAL This Period (last page this line number only)..... ►

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Gary P Marlow

Mailing Address P O Box 2014

City

Nashua

State

NH

Zip Code

03061-2014

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beverly Hospital

Occupation

Chief Financial Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

04 / 18 / 2014

Transaction ID : 21702591

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

B. Mr. Robert G Norton CHE

Mailing Address 81 Highland Avenue

City

Salem

State

MA

Zip Code

01970-2768

FEC ID number of contributing
federal political committee.

C

Name of Employer

North Shore Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

04 / 18 / 2014

Transaction ID : 21702593

Amount of Each Receipt this Period

562.50

Full Name (Last, First, Middle Initial)

C. Ms. Pauline Pike

Mailing Address 85 Herrick Street

City

Beverly

State

MA

Zip Code

01915-1790

FEC ID number of contributing
federal political committee.

C

Name of Employer

Beverly Hospital

Occupation

Chief Operating Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

04 / 18 / 2014

Transaction ID : 21702594

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1200.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Robby Robertson

Mailing Address 11 Coventry Lane

City

Andover

State

MA

Zip Code

01810-2235

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Hospital

Occupation

V.P. Facilities & Real Estate

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

04 / 18 / 2014

Transaction ID : 21702595

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Mr. Kevin F Smith

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Hospital

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.00

Date of Receipt

04 / 18 / 2014

Transaction ID : 21702598

Amount of Each Receipt this Period

750.00

Full Name (Last, First, Middle Initial)

C. Ms. Mary T Sweeney

Mailing Address 41 Highland Avenue

City

Winchester

State

MA

Zip Code

01890-1446

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Hospital

Occupation

Vice President Planning, Business Deve

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

04 / 18 / 2014

Transaction ID : 21702599

Amount of Each Receipt this Period

375.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard Weiner

Mailing Address 73 Yale St

City

Winchester

State

MA

Zip Code

01890-2330

FEC ID number of contributing
federal political committee.

C

Name of Employer

Winchester Hospital

Occupation

Medical Director, Surgical Services

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.00

Date of Receipt

04 / 18 / 2014

Transaction ID : 21702600

Amount of Each Receipt this Period

375.00

Full Name (Last, First, Middle Initial)

B. Dr. Gary L Gottlieb MD, MBA

Mailing Address 800 Boylston Street, Suite 1150

City

Boston

State

MA

Zip Code

02199-8123

FEC ID number of contributing
federal political committee.

C

Name of Employer

Partners HealthCare System, Inc.

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

04 / 18 / 2014

Transaction ID : 21702601

Amount of Each Receipt this Period

1125.00

Full Name (Last, First, Middle Initial)

C. Mr. James H Hinton

Mailing Address P O Box 26666

City

Albuquerque

State

NM

Zip Code

87125-6666

FEC ID number of contributing
federal political committee.

C

Name of Employer

Presbyterian Healthcare Services

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 21 / 2014

Transaction ID : 21702610

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Pamela Kiser RN, MS, CP

Mailing Address 1923 South Utica Avenue

City State Zip Code
Tulsa OK 74104-6520

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John Medical Center

Occupation

Chief Nursing Executive and Vice Presi

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2014

Transaction ID : 21702627

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

B. Mr. Jimmy Leopard FACHE

Mailing Address P O Box 407

City State Zip Code
Wagoner OK 74477-0407

FEC ID number of contributing
federal political committee.

C

Name of Employer

Wagoner Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2014

Transaction ID : 21702628

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Ms. Elizabeth Pauchnik

Mailing Address 3366 NW Expressway, Suite 800

City State Zip Code
Oklahoma City OK 73112-4458

FEC ID number of contributing
federal political committee.

C

Name of Employer

INTEGRIS Health

Occupation

General Counsel/Chief Admin

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 17 / 2014

Transaction ID : 21702640

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

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750.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Pynn

Mailing Address 1923 South Utica Avenue

City State Zip Code
Tulsa OK 74104-6520

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. John Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 17 / 2014

Transaction ID : 21702642

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. David L Albrecht

Mailing Address 2250 NW 26th Street

City State Zip Code
Owatonna MN 55060-5503

FEC ID number of contributing
federal political committee.

C

Name of Employer

Owatonna Hospital

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

262.50

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 21 / 2014

Transaction ID : 21702733

Amount of Each Receipt this Period

262.50

Full Name (Last, First, Middle Initial)

C. Mr. Bill Bruce MBA, FACHE

Mailing Address 100 Medical Parkway

City State Zip Code
Denison IA 51442-2607

FEC ID number of contributing
federal political committee.

C

Name of Employer

Crawford County Memorial Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

325.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 22 / 2014

Transaction ID : 21703135

Amount of Each Receipt this Period

325.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1087.50

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. C James Platt

Mailing Address P O Box 174

City

Fort Madison

State

IA

Zip Code

52627-0174

FEC ID number of contributing
federal political committee.

C

Name of Employer

Fort Madison Community Hospital

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 22 / 2014

Transaction ID : 21703137

Amount of Each Receipt this Period

500.00

Full Name (Last, First, Middle Initial)

B. Mr. Tom Tibbitts

Mailing Address 802 Kenyon Road

City

Fort Dodge

State

IA

Zip Code

50501-5740

FEC ID number of contributing
federal political committee.

C

Name of Employer

UnityPoint Health - Trinity Regional M

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 22 / 2014

Transaction ID : 21703141

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

C. Mr. J Kirk Norris

Mailing Address 100 East Grand Avenue, Suite 100

City

Des Moines

State

IA

Zip Code

50309-1800

FEC ID number of contributing
federal political committee.

C

Name of Employer

Iowa Hospital Association

Occupation

President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 22 / 2014

Transaction ID : 21703178

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. David Entwistle

Mailing Address 50 North Medical Drive

City

Salt Lake City

State

UT

Zip Code

84132-0001

FEC ID number of contributing
federal political committee.

C

Name of Employer

University of Utah Health Care - Hospi

Occupation

Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 23 / 2014

Transaction ID : 21703279

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Mr. John Gribbin

Mailing Address 5 Ephraim Road

City

Clarksburg

State

NJ

Zip Code

08510-1620

FEC ID number of contributing
federal political committee.

C

Name of Employer

CentraState Healthcare System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

975.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 21705194

Amount of Each Receipt this Period

975.00

Full Name (Last, First, Middle Initial)

C. Ms. Susan Davila

Mailing Address 1213 W. Cottage Loop

City

Gardnerville

State

NV

Zip Code

89460-4400

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carson Valley Medical Center

Occupation

Chief Executive Officer and Administra

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 21705921

Amount of Each Receipt this Period

500.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2475.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Christopher J Durovich

Mailing Address 1935 Medical District Drive

City
Dallas

State
TX

Zip Code
75235-7701

FEC ID number of contributing
federal political committee.

C

Name of Employer

Children's Medical Center of Dallas

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

04 / 27 / 2014

Transaction ID : 21706011

Amount of Each Receipt this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Mr. Gary P Miller

Mailing Address 7520 University Drive

City

Bismarck

State

ND

Zip Code

58504-9634

FEC ID number of contributing
federal political committee.

C

Name of Employer

St. Alexius Medical Center

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

231.00

Date of Receipt

04 / 25 / 2014

Transaction ID : 21707221

Amount of Each Receipt this Period

231.00

Full Name (Last, First, Middle Initial)

c. Mr. David Briggs

Mailing Address 256 Burnham Dr

City

Alliance

State

NE

Zip Code

69301-2120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Box Butte General Hospital

Occupation

Board Trustee

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

04 / 28 / 2014

Transaction ID : 21707763

Amount of Each Receipt this Period

250.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

2481.00

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dr. Deborah Zastocki DNP, RN, N

Mailing Address 97 West Parkway

City

Pompton Plains

State

NJ

Zip Code

07444-1647

FEC ID number of contributing
federal political committee.

C

Name of Employer

Atlantic Health System

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

650.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 21761761

Amount of Each Receipt this Period

650.00

Full Name (Last, First, Middle Initial)

B. Mr. Fred L. Brown FACHE

Mailing Address 724 Forest Highlands

City

Flagstaff

State

AZ

Zip Code

86001-8453

FEC ID number of contributing
federal political committee.

C

Name of Employer

Northern Arizona Healthcare

Occupation

President & Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

04 / 21 / 2014

Transaction ID : 21766238

Amount of Each Receipt this Period

0.00

[MEMO ITEM]

Refund(s) on Schedule B Totalling \$1000.00 This changes the YTD Total to \$1000.00

Full Name (Last, First, Middle Initial)

C. Ms. Merry Beth Kraus

Mailing Address 1445 N. Clinton Place

City

River Forest

State

IL

Zip Code

60305-1205

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Director, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

04 / 30 / 2014

Transaction ID : 3278574

Amount of Each Receipt this Period

350.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1000.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Melinda Reid Hatton

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President & General Course

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR1045726230712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. David Schulke

Mailing Address 155 N. Wacker Dr.

City Chicago State IL Zip Code 60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

VP Research Programs

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR1057462130712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

c. Mr. Dale A Kirby

Mailing Address P O Box 331

City Colusa State CA Zip Code 95932-0331

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR1125892330712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Erik Rasmussen

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2801

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR1819487930712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Linda Fishman

Mailing Address 325 Seventh Street, NW
Suite 700

City Washington State DC Zip Code 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Public Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR327629130712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Michael P. McCue

Mailing Address 122 N. Greenwood Avenue

City Park Ridge State IL Zip Code 60068-3227

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR327771630712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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230.82

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Debra J. Stock

Mailing Address 1022 S. Harvey Avenue

City State Zip Code
 Oak Park IL 60304-2132

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 American Hospital Association-Chicago Vice President, Member Relations

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 307.76

Date of Receipt

M M / D D / Y Y Y Y Y
 04 30 2014

Transaction ID : PR32777830712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Pamela Austin Thompson RN, MSN

Mailing Address 325 Seventh Street, NW
 Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 American Hospital Association-Washingt Chief Executive Officer, AONE & Sr. Vi

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 307.76

Date of Receipt

M M / D D / Y Y Y Y Y
 04 30 2014

Transaction ID : PR327812030712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Mark Seklecki

Mailing Address 325 Seventh Street, NW
 Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer Occupation
 American Hospital Association-Washingt Vice President, Political Affairs

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
 307.76

Date of Receipt

M M / D D / Y Y Y Y Y
 04 30 2014

Transaction ID : PR327858030712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. John F. Barry

Mailing Address One North Franklin

City State Zip Code
 Millis MA 60606-3436

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y
 04 30 2014

Transaction ID : PR327877830712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. George F. Bergstrom

Mailing Address 130 North Garland Court
#3002

City State Zip Code
 Chicago IL 60602-4750

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y
 04 30 2014

Transaction ID : PR327895730712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Richard J. Umbdenstock

Mailing Address 325 Seventh Street, NW
Suite 700

City State Zip Code
 Washington DC 20004-2818

FEC ID number of contributing federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

President and Chief Executive Officer

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

M M / D D / Y Y Y Y Y
 04 30 2014

Transaction ID : PR328132830712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Barbara Lorsbach

Mailing Address 204 7th Ave

City

La Grange

State

IL

Zip Code

60525-6406

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Sr. Vice President, Member Relations

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR328136930712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Donna J. Melkonian

Mailing Address 5545 North Wayne

City

Chicago

State

IL

Zip Code

60640-1318

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR328223830712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. Ron O. Purcell

Mailing Address 1093 N. Faldo Way

City

Eagle

State

ID

Zip Code

83616-5369

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR328241430712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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230.82

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Richard J. Pollack

Mailing Address 3475 North Venice Street

City

Arlington

State

VA

Zip Code

22207-4446

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Executive Vice President

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR328260930712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Carolyn Forcina

Mailing Address 200 Clover Hill Court

City

Yardley

State

PA

Zip Code

19067-5736

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR328511830712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Alicia N. Mitchell

Mailing Address 1501 N. Harrison Street

City

Arlington

State

VA

Zip Code

22205-2726

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Vice President, Communications

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR328512030712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Anthony S Burke

Mailing Address 155 N Wacker Dr

City

Chicago

State

IL

Zip Code

60606-1709

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

CEO

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR328913330712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Dr. John R. Combes

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

President & Chief Operating Officer, C

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR329071330712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Mr. W. Thomas Deweese

Mailing Address 500 Interstate Boulevard South

City

Nashville

State

TN

Zip Code

37210-4634

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

AHA Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR329215730712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.82

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Mr. Thomas Misfeldt

Mailing Address One North Franklin

City

Chicago

State

IL

Zip Code

60606-3436

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Associate Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR330411630712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Mr. Paul N. Muraca

Mailing Address 4960 138th Circle West

City

Apple Valley

State

MN

Zip Code

55124-9229

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Regional Executive

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR330475430712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Eileen O'Keefe

Mailing Address 172 Atteridge

City

Lake Forest

State

IL

Zip Code

60045-1715

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Chicago

Occupation

Vice President, Constituency Section

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR330549230712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

230.82

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Ms. Darlene S. Vanderbush

Mailing Address 26 West Glendale Ave.

City

Alexandria

State

VA

Zip Code

22301-2402

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Vice President, Operations - APP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR331304230712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

B. Ms. Megan Cundari

Mailing Address 325 Seventh Street, NW
Suite 700

City

Washington

State

DC

Zip Code

20004-2818

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Senior Associate Director

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR518031930712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

Full Name (Last, First, Middle Initial)

C. Ms. Ashley B. Thompson

Mailing Address 606 S. Royal St.

City

Alexandria

State

VA

Zip Code

22314-4142

FEC ID number of contributing
federal political committee.

C

Name of Employer

American Hospital Association-Washingt

Occupation

Director, Policy

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

307.76

Date of Receipt

04 / 30 / 2014

Transaction ID : PR766023730712

Amount of Each Receipt this Period

76.94

P/R Deduction (\$38.47 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ►

230.82

TOTAL This Period (last page this line number only)..... ►

75601.88

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing federal political committee. **C** C00422881

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

4800.00

Date of Receipt

04 / 08 / 2014

Transaction ID : 21680593

Amount of Each Receipt this Period

3450.00

Full Name (Last, First, Middle Initial)

B. New York Hospital & Healthcare Assoc. FED PAC

Mailing Address One Empire Drive

City Rensselaer State NY Zip Code 12144

FEC ID number of contributing federal political committee. **C** C00160259

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

165000.00

Date of Receipt

04 / 11 / 2014

Transaction ID : 21685411

Amount of Each Receipt this Period

15000.00

Full Name (Last, First, Middle Initial)

C. Wisconsin Hospital Association Federal PAC

Mailing Address 5510 Research Park Drive
PO Box 259038

City Madison State WI Zip Code 53725-9038

FEC ID number of contributing federal political committee. **C** C00422881

Name of Employer Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5800.00

Date of Receipt

04 / 15 / 2014

Transaction ID : 21696485

Amount of Each Receipt this Period

1000.00

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

19450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 11a ☐ 11b ☐ 11c ☒ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Texas Hospital Association HOSPAC - Federal

Mailing Address P.O. Box 15587

City State Zip Code
 Austin TX 78761-5587

FEC ID number of contributing
federal political committee.

C C00301325

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

15000.00

Date of Receipt

04 / 16 / 2014

Transaction ID : 21696849

Amount of Each Receipt this Period

15000.00

Full Name (Last, First, Middle Initial)

B. California Healthcare Association PAC - Federal

Mailing Address 1215 K Street
 Suite 800

City State Zip Code
 Sacramento CA 95814

FEC ID number of contributing
federal political committee.

C C00237495

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

150000.00

Date of Receipt

04 / 17 / 2014

Transaction ID : 21697733

Amount of Each Receipt this Period

50000.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

65000.00

84450.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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☐ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. TD Bank

Mailing Address 901 Seventh Street, NW

City State Zip Code
Washington DC 20001

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1062.10

Date of Receipt

M M / D D / Y Y Y Y Y Y
04 / 30 / 2014

Transaction ID : 21753955

Amount of Each Receipt this Period

265.66

Interest Earned

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

265.66

265.66

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
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☒ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. American Express

Mailing Address Ste. 001

City Chicago State IL Zip Code 60679

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 07 / 2014
Transaction ID : 21753956

Amount of Each Disbursement this Period

143.01

Merchant Fees

Full Name (Last, First, Middle Initial)

B. PaymentechMailing Address 14221 Dallas Parkway
Building Two

City Dallas State TX Zip Code 75254

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 04 / 2014
Transaction ID : 21753957

Amount of Each Disbursement this Period

130.28

Merchant Fees

Full Name (Last, First, Middle Initial)

C. Newtek Merchant Solutions

Mailing Address 744 N 4th Street

City Milwaukee State WI Zip Code 53203

Purpose of Disbursement
Merchant Fees

001

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President
State: District:

Disbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
04 / 01 / 2014
Transaction ID : 21753959

Amount of Each Disbursement this Period

199.32

Merchant Fees

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

472.61

472.61

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. National Republican Congressional Committee

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Mailing Address 320 First Street, SE

City	State	Zip Code
Washington	DC	20003

Purpose of Disbursement
2014 Contribution

011

Transaction ID : 21681945

Amount of Each Disbursement this Period

15000.00

Candidate Name

National Republican Congressional CommitteeCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

2014 Contribution

State: District:

Full Name (Last, First, Middle Initial)

B. Collins For Senator

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Mailing Address PO Box 1096

City	State	Zip Code
Bangor	ME	04402

Purpose of Disbursement
Contribution

011

Transaction ID : 21681946

Amount of Each Disbursement this Period

1000.00

Candidate Name

Sen. Susan M. CollinsCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Contribution

State: ME District:

Full Name (Last, First, Middle Initial)

C. Tim Scott For Senate

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Mailing Address 1405 Ashley River Road

City	State	Zip Code
Charleston	SC	29407

Purpose of Disbursement
Contribution

011

Transaction ID : 21681947

Amount of Each Disbursement this Period

1000.00

Candidate Name

Sen. Tim ScottCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

Contribution

State: SC District:

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

17000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of John Barrow

Mailing Address PO Box 1001

City	State	Zip Code
Augusta	GA	30903

Purpose of Disbursement
Contribution

Candidate Name

Rep. John BarrowOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: GA District: 12

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : 21682818

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Friends Of David Jolly

Mailing Address P. O. Box 1158

City	State	Zip Code
Indian Rocks Beach	FL	33785

Purpose of Disbursement
Contribution

Candidate Name

David JollyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☐ General
☒ Other (specify) ▼
2014 Spec Gen Debt R

State: FL District: 13

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : 21682819

Amount of Each Disbursement this Period

2500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends For Jim McDermott

Mailing Address PO Box 21786

City	State	Zip Code
Seattle	WA	98111

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jim McDermottOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: WA District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : 21682820

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Simpson For Congress

Mailing Address 1487 Parkway Drive

City	State	Zip Code
Blackfoot	ID	83221

Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike K. SimpsonOffice Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: ID District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : 21682821

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. America Works PAC

Mailing Address PO BOX 76187

City	State	Zip Code
Washington	DC	20013

Purpose of Disbursement
2014 Contribution

Candidate Name

America Works PACOffice Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : 21682822

Amount of Each Disbursement this Period

5000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Jobs, Opportunity & Education, PAC (JOEPAC)

Mailing Address 84-54 Grand Avenue

City	State	Zip Code
Elmhurst	NY	11373

Purpose of Disbursement
2014 Contribution

Candidate Name

Jobs, Opportunity & Education, PAC (JOEPAC)Office Sought: ☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : 21682824

Amount of Each Disbursement this Period

2000.00

2014 Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. New Millenium PAC

Mailing Address Post Office Box 632

City	State	Zip Code
Union City	NJ	07087

Purpose of Disbursement
2014 Contribution

011

Candidate Name

New Millenium PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : 21682826

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

B. Prairie PAC

Mailing Address 426 C Street, NE

City	State	Zip Code
Washington	DC	20002

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Prairie PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : 21682827

Amount of Each Disbursement this Period

2000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Volunteers For Shimkus

Mailing Address PO Box 661

City	State	Zip Code
Collinsville	IL	62234

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. John M. Shimkus

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	2014
	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : 21682828

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Friends Of Dan Maffei

Mailing Address PO Box 230

City	State	Zip Code
Syracuse	NY	13201

Purpose of Disbursement
Contribution

Candidate Name

Rep. Daniel B. Maffei

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 25

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : 21682829

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. LoBiondo For Congress

Mailing Address P. O. Box 550

City	State	Zip Code
Vineland	NJ	08362

Purpose of Disbursement
Contribution

Candidate Name

Rep. Frank A. LoBiondo

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NJ District: 02

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : 21682830

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Doug LaMalfa Committee

Mailing Address 2150 River Plaza Dr., #150

City	State	Zip Code
Sacramento	CA	95833

Purpose of Disbursement
Contribution

Candidate Name

Rep. Doug LaMalfa

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 01

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : 21682831

Amount of Each Disbursement this Period

500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

2500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tim Scott For Senate

Mailing Address 1405 Ashley River Road

City	State	Zip Code
Charleston	SC	29407

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Tim ScottCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2014

Transaction ID : 21685578

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Anna Eshoo For Congress

Mailing Address 555 Capitol Mall, Suite 1425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Anna G. EshooCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: CA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2014

Transaction ID : 21685580

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Hall For Congress Committee

Mailing Address Post Office Box 711

City	State	Zip Code
Rockwall	TX	75087

Purpose of Disbursement
Contribution

011

Candidate Name

Rep. Ralph M. HallCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input checked="" type="checkbox"/> Other (specify) ▼

State: TX District: 04

Runoff2014

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		10		2014

Transaction ID : 21685581

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Udall For Us All

Mailing Address PO Box 25766

City	State	Zip Code
Albuquerque	NM	87125

Purpose of Disbursement
Contribution

Candidate Name

Sen. Tom Stewart Udall

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NM

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : 21701615

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Citizens for Prosperity in America

Mailing Address 2720 Jordan Road

City	State	Zip Code
Orefield	PA	18069

Purpose of Disbursement
2014 Contribution

Candidate Name

Citizens for Prosperity in America

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : 21701617

Amount of Each Disbursement this Period

3000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Loeb sack For Congress

Mailing Address PO Box 3013

City	State	Zip Code
Iowa City	IA	52244

Purpose of Disbursement
Contribution

Candidate Name

Rep. David Wayne Loeb sack

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: IA

District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : 21701618

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

8000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tim Murphy For Congress

Mailing Address PO Box 24551

City	State	Zip Code
Pittsburgh	PA	15234

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tim F. MurphyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: PA District: 18

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		17		2014

Transaction ID : 21701622

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Schakowsky For Congress

Mailing Address P.O. Box 5130

City	State	Zip Code
Evanston	IL	60204

Purpose of Disbursement
Contribution

Candidate Name

Rep. Jan D. SchakowskyOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		09		2014

Transaction ID : 21703155

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Kline For CongressMailing Address 350 W Burnsville Pkwy
Ste 375

City	State	Zip Code
Burnsville	MN	55337

Purpose of Disbursement
Contribution

Candidate Name

Rep. John P. KlineOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MN District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21737872

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Alaskans For Begich 2014

Mailing Address 1231 W Northern Lts #605

City Anchorage	State AK	Zip Code 99503
-------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Sen. Mark P. Begich

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: AK District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739049

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Udall For Colorado

Mailing Address PO Box 40158

City Denver	State CO	Zip Code 80204
----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Sen. Mark Emery Udall

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CO District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739050

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Marsha Blackburn For Congress, Inc.

Mailing Address PO Box 3750

City Brentwood	State TN	Zip Code 37024
-------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Marsha Blackburn

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TN District: 07

Disbursement For: 2014

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739474

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Tony Cardenas For Congress

Mailing Address 3700 Wilshire Blvd Suite 1050-B

City	State	Zip Code
Los Angeles	CA	90010

Purpose of Disbursement
Contribution

Candidate Name

Rep. Tony Cardenas

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: CA	District: 29

Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
------------------------	---	----------------------------------

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739476

Amount of Each Disbursement this Period

2000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Cleaver For Congress

Mailing Address 4801 Main Street, Suite 1000

City	State	Zip Code
Kansas City	MO	64112

Purpose of Disbursement
Contribution

Candidate Name

Rep. Emanuel Cleaver II

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: MO	District: 05

Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
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Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739477

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Dave Joyce

Mailing Address 320 Kenarden Drive

City	State	Zip Code
Cleveland	OH	44143

Purpose of Disbursement
Contribution

Candidate Name

Rep. Dave Joyce

Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President
State: OH	District: 14

Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> General
------------------------	---	----------------------------------

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739478

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. John Lewis For Congress

Mailing Address P.O. Box 2323

City Atlanta	State GA	Zip Code 30301
-----------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. John LewisOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: GA District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739479

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. LoBiondo For Congress

Mailing Address P. O. Box 550

City Vineland	State NJ	Zip Code 08362
------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Frank A. LoBiondoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: NJ District: 02

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739480

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Billy Long For Congress

Mailing Address 3246 E. Ridgeview Street

City Springfield	State MO	Zip Code 65804
---------------------	-------------	-------------------

Purpose of Disbursement
Contribution

Candidate Name

Rep. Billy LongOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MO District: 07

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739481

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Pompeo For Congress Inc

Mailing Address PO Box 780146

City
WichitaState
KSZip Code
67212Purpose of Disbursement
Contribution

Candidate Name

Rep. Mike PompeoOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: KS District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739482

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Jim Renacci For Congress

Mailing Address 150 Smokerise Drive

City
WadsworthState
OHZip Code
44281Purpose of Disbursement
Contribution

Candidate Name

Rep. James B. RenacciOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: OH District: 16

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739484

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Committee To Elect Linda Sanchez

Mailing Address 601 S Glenoaks Blvd Suite 211

City
BurbankState
CAZip Code
91502Purpose of Disbursement
Contribution

Candidate Name

Rep. Linda T. SanchezOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 39

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739488

Amount of Each Disbursement this Period

1000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Volunteers For Shimkus

Mailing Address PO Box 661

City	State	Zip Code
Collinsville	IL	62234

Purpose of Disbursement
Contribution

Candidate Name

Rep. John M. ShimkusOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: IL District: 15

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739489

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Rob Wittman For Congress

Mailing Address PO Box 999

City	State	Zip Code
Montross	VA	22520

Purpose of Disbursement
Contribution

Candidate Name

Rep. Robert J. WittmanOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: VA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739490

Amount of Each Disbursement this Period

1000.00

Contribution

Full Name (Last, First, Middle Initial)

C. CMR PAC

Mailing Address PO Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement
2014 Contribution

Candidate Name

CMR PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739491

Amount of Each Disbursement this Period

1000.00

2014 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 87 OF 96

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Dakota Prairie PAC

Mailing Address PO Box 1577

City	State	Zip Code
Bismarck	ND	58502

Purpose of Disbursement
2014 Contribution

Candidate Name

Dakota Prairie PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739492

Amount of Each Disbursement this Period

2000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

B. DUTCH PAC

Mailing Address 22 West Padonia Road - Suite A307

City	State	Zip Code
Timonium	MD	21093

Purpose of Disbursement
2014 Contribution

Candidate Name

DUTCH PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739493

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. Making America Prosperous PAC

Mailing Address P.O. Box 2485

City	State	Zip Code
Springfield	VA	22152

Purpose of Disbursement
2014 Contribution

Candidate Name

Making America Prosperous PAC

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
	<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739494

Amount of Each Disbursement this Period

500.00

2014 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 88 OF 96

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Responsibility and Freedom Work PAC

Mailing Address PO Box 196

City	State	Zip Code
Tupelo	MS	38802

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Responsibility and Freedom Work PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739495

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

B. Fund For The Majority, The

Mailing Address 1212 S. Victory Blvd.

City	State	Zip Code
Burbank	CA	91502

Purpose of Disbursement
2014 Contribution

011

Candidate Name

Fund For The Majority, TheOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739496

Amount of Each Disbursement this Period

1000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C. The Madison PACMailing Address 235 State Street
#206

City	State	Zip Code
Springfield	MA	01103

Purpose of Disbursement
2014 Contribution

011

Candidate Name

The Madison PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For: ☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739497

Amount of Each Disbursement this Period

1000.00

2014 Contribution

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

3000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City	State	Zip Code
Springfield	MA	01108

Purpose of Disbursement
Contribution

Candidate Name

Rep. Richard E. NealOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739498

Amount of Each Disbursement this Period

500.00

Contribution

Full Name (Last, First, Middle Initial)

B. Richard E Neal For Congress Committee

Mailing Address 76 Magnolia Terrace

City	State	Zip Code
Springfield	MA	01108

Purpose of Disbursement
Contribution

Candidate Name

Rep. Richard E. NealOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: MA District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739501

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

C. Alexander For Senate 2014 Inc

Mailing Address 228 S Washington Street Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contribution

Candidate Name

Sen. Lamar AlexanderOffice Sought: ☐ House
☒ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: TN District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739507

Amount of Each Disbursement this Period

2000.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

4000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 90 OF 96

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Alexander For Senate 2014 Inc

Mailing Address 228 S Washington Street Suite 115

City	State	Zip Code
Alexandria	VA	22314

Purpose of Disbursement
Contribution

Candidate Name

Sen. Lamar Alexander

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: TN District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739508

Amount of Each Disbursement this Period

3000.00

Contribution

Full Name (Last, First, Middle Initial)

B. Peters For Michigan

Mailing Address PO Box 226

City	State	Zip Code
Bloomfield Hills	MI	48303

Purpose of Disbursement
Contribution

Candidate Name

Rep. Gary C. Peters

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District:

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739509

Amount of Each Disbursement this Period

5000.00

Contribution

Full Name (Last, First, Middle Initial)

C. Friends Of Dan Kildee

Mailing Address P.O. Box 248

City	State	Zip Code
Flint	MI	48501

Purpose of Disbursement
Contribution

Candidate Name

Rep. Dan Kildee

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: MI District: 05

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		29		2014

Transaction ID : 21739510

Amount of Each Disbursement this Period

1500.00

Contribution

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

9500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 91 OF 96

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

American Hospital Association PAC

Full Name (Last, First, Middle Initial)

A. Candice Miller For Congress

Mailing Address PO Box 182152

City	State	Zip Code
Shelby Township	MI	48318

Purpose of Disbursement
Contribution

Candidate Name

Rep. Candice S. MillerOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☒ Primary ☐ General
☐ Other (specify) ▼

State: MI District: 10

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2014

Transaction ID : 21739511

Amount of Each Disbursement this Period

1500.00

Contribution

Full Name (Last, First, Middle Initial)

B. America's Leadership PACMailing Address 700 13th Street, NW
Suite 600

City	State	Zip Code
Washington	DC	20005

Purpose of Disbursement
2014 Contribution

Candidate Name

America's Leadership PACOffice Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2014

Transaction ID : 21739512

Amount of Each Disbursement this Period

5000.00

2014 Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ PresidentDisbursement For:
☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

6500.00

99000.00

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Hospital Association PAC

A. Mr. Fred L. Brown FACHE

Date of Disbursement

Transaction ID : 21697569

010

Category/
Type

Amount of Each Disbursement this Period

Refund of 04/14 contribution

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....

1000.00

TOTAL This Period (last page this line number only).....

1000.00

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 93 OF 96
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC		FEC IDENTIFICATION NUMBER ▼ C C00106146	
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		M M M / D D D / Y Y Y Y Y Y	

Full Name of Payee Anzalone Liszt Grove Research Inc.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 28 / 2014	
Mailing Address 260 Commerce Street - 4th Floor		Amount 28800.00	
City Montgomery	State AL	Zip Code 36104	Transaction ID : 21705923
Purpose of Expenditure Polling		Category/Type 005	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 09 / 2014
Name of Federal Candidate Sen. Mark P. Begich		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK
Calendar Year-To-Date Per Election for Office Sought 28800.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee Mentzer Media Services, Inc.		Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 04 / 25 / 2014	
Mailing Address 600 Fairmount Avenue Suite 306		Amount 110000.00	
City Towson	State MD	Zip Code 21286	Transaction ID : 21705912
Purpose of Expenditure Television Advertising		Category/Type 004	Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 04 / 24 / 2014
Name of Federal Candidate Rep. Dave Joyce		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input checked="" type="checkbox"/> House District: 14 <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH
Calendar Year-To-Date Per Election for Office Sought 110000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	138800.00
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton

 Signature

[Electronically Filed]

Date **05 / 19 / 2014**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 94 OF 96
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC			FEC IDENTIFICATION NUMBER ▼ C C00106146		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on MM / DD / YYYY					
Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2014		
Mailing Address 3050 K Street, NW Suite 100			Amount 183815.00		
City Washington State DC Zip Code 20007		Transaction ID : 21705914 Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014			
Purpose of Expenditure Television Advertising		Category/Type 004			
Name of Federal Candidate Sen. Mark P. Begich			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK		
Calendar Year-To-Date Per Election for Office Sought 228800.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 28 / 2014		
Mailing Address 3050 K Street, NW Suite 100			Amount 16185.00		
City Washington State DC Zip Code 20007		Transaction ID : 21705916 Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014			
Purpose of Expenditure Television Production		Category/Type 004			
Name of Federal Candidate Sen. Mark P. Begich			<input checked="" type="checkbox"/> Support Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AK		
Calendar Year-To-Date Per Election for Office Sought 228800.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			200000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Ms. Melinda Hatton</u> <div style="text-align: right;">[Electronically Filed]</div>			Date MM / DD / YYYY 05 / 19 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 95 OF 96
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC			FEC IDENTIFICATION NUMBER ▼ C C00106146		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		
Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 29 / 2014		
Mailing Address 3050 K Street, NW Suite 100			Amount 181390.00		
City Washington State DC Zip Code 20007		Transaction ID : 21705918 Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014			
Purpose of Expenditure Television Advertising		Category/Type 004			
Name of Federal Candidate Sen. Mark L. Pryor			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 200000.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
Full Name of Payee Waterfront Strategies			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 29 / 2014		
Mailing Address 3050 K Street, NW Suite 100			Amount 18610.00		
City Washington State DC Zip Code 20007		Transaction ID : 21705920 Date of Disbursement or Obligation MM / DD / YYYY 04 / 25 / 2014			
Purpose of Expenditure Television Production		Category/Type 004			
Name of Federal Candidate Sen. Mark L. Pryor			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate District: _____ <input type="checkbox"/> President State: AR		
Calendar Year-To-Date Per Election for Office Sought 200000.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶ _____		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			200000.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Ms. Melinda Hatton _____ Signature			[Electronically Filed] Date MM / DD / YYYY 05 / 19 / 2014		

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

 PAGE 96 OF 96
 FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) American Hospital Association PAC			FEC IDENTIFICATION NUMBER ▼ C C00106146		
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on			<div style="display: flex; justify-content: space-between;"> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> <div>MM / DD / YYYY</div> </div>		

Full Name of Payee Anzalone Liszt Grove Research Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 29 / 2014		
Mailing Address 260 Commerce Street - 4th Floor			Amount 28500.00		
City Montgomery	State AL	Zip Code 36104	Transaction ID : 21705925		
Purpose of Expenditure Polling		Category/Type 005	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2014		
Name of Federal Candidate Sen. Mark L. Pryor			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: AR		
Calendar Year-To-Date Per Election for Office Sought 228500.00			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

Full Name of Payee McCarthy Hennings Whalen, Inc.			Date of Public Distribution/Dissemination MM / DD / YYYY 04 / 25 / 2014		
Mailing Address 1850 M Street, NW Suite 235			Amount 5410.14		
City Washington	State DC	Zip Code 20036	Transaction ID : 21705948		
Purpose of Expenditure Television Production		Category/Type 004	Date of Disbursement or Obligation MM / DD / YYYY 04 / 28 / 2014		
Name of Federal Candidate Rep. Dave Joyce			Office Sought: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: OH		
Calendar Year-To-Date Per Election for Office Sought 115410.14			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2014 <input type="checkbox"/> Other (specify) ▶		

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	33910.14
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	572710.14

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Ms. Melinda Hatton
 Signature

[Electronically Filed]

Date MM / DD / YYYY
 05 / 19 / 2014